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							-					
Fill	in this information t											
De	btor 1	Darryl A. Se	land									
1	btor 2 buse, if filing)											
Un	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	A							
Case number 19-14630							Chec	k if this is:				
(If k	nown)			_			■ A	n amende	ed filing			
L										g postpetition ollowing date:		
<u>O</u>	fficial Form	<u> 1061</u>					M	M / DD/ Y	YYY			
S	chedule I:	Your Inc	ome								12/15	
spo atta	use. If you are sep ich a separate she	parated and you	are married and not fili ir spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infor	mati	on about	your spo	ouse. If mo	ore space is	needed,	
1.	Fill in your empl information.	oyment	Debtor 1					Debtor 2 or non-filing spouse				
	If you have more		Employment status	■ Employed				☐ Employed				
	attach a separate information about employers.		Employment status	☐ Not employed				☐ Not employed				
			Occupation	Digital Editor								
	Include part-time, seasonal, or self-employed work.		Employer's name	BNP Media								
	Occupation may i or homemaker, if	may include student Employer's address cer, if it applies. Troy, MI 48084										
			How long employed t	here? 10 yea	rs			_				
Pa	rt 2: Give De	tails About Mor	nthly Income									
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. Inc	clude your noi	n-filing	
•	ou or your non-filing e space, attach a se	•	ore than one employer, co	ombine the information	on for all	empl	oyers for	that perso	on on the li	nes below. If	you need	
							For Dek	otor 1		otor 2 or ng spouse		
2.		List monthly gross wages, salary, and commissions (bed deductions). If not paid monthly, calculate what the monthly			2.	\$	4	848.00	\$	N/A		
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$	4,84	18.00	\$	N/A		

Official Form 106l Schedule I: Your Income page 1

Debto	or 1	Darryl A. Seland	-	(Case	number (if kr	nown)	19-14	630		
						Debtor 1		non-f	Debtor filing s	2 or spouse	
	Cop	by line 4 here	4.		\$_	4,848	3.00	\$		N/A	<u>-</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	1,096	6.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$	C	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$_		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$_		0.00	\$		N/A	_
	5e.	Insurance	5e		\$ \$		00.6	\$		N/A	_
	5f. 5g.	Domestic support obligations Union dues	5f. 5g		\$ _		0.00	\$		N/A N/A	_
	5h.	Other deductions. Specify:	-). 1.+	\$ -		0.00	+ \$		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		* — \$	1,252		\$		N/A	_
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		* — \$	3,596		\$		N/A	_
		all other income regularly received:	•••		Ψ_	0,000		Ψ		11/7	<u>-</u>
	8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$,		\$		N/A	
	8b.	Interest and dividends	8b		\$ _		0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		,,	Ψ_		<i>7.00</i>	_			_
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$,		\$		N/A	
	8d.	Unemployment compensation	8d		\$ _		0.00	\$		N/A	_
	8e.	Social Security	8e		\$ -		0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			_			·			_
		Specify:	8f.		\$	C	0.00	\$		N/A	
	8g.	Pension or retirement income	89	J.	\$		0.00	\$		N/A	_
	8h.	Other monthly income. Specify: Tax Refund	_ 8h	1.+	\$_	134	1.00	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	S	134	1.00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,730.00	+ \$		N/A	= \$	3,730.00
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		3,730.00	" Ψ.		IN/A		3,730.00
11.	State Included the other of the	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe			•				e J. +\$	0.00
		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	3,730.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						l	Combi	ned ly income
		No.									

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